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REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

P-2395-AL

Box No. I TITLE OF INVENTION SURGICAL STAPLE-CLIP AND APPLIER		
Box No. II APPLICANT APPLIED MEDICAL RESOURCES CORPORATION		
<p>Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country of residence if no State of residence is indicated below.)</p> <p>APPLIED MEDICAL RESOURCES CORPORATION 22872 Avenida Empresa Rancho Santa Margarita, California 92688 United States of America</p>		<input type="checkbox"/> This person is also inventor. <input type="checkbox"/> Telephone No. (949) 713-8000 <input type="checkbox"/> Facsimile No. (949) 713-8206 <input type="checkbox"/> Teleprinter No.
State (that is, country) of nationality: US	State (that is, country) of residence: US	
<p>This person is applicant <input type="checkbox"/> all designated <input checked="" type="checkbox"/> all designated States except <input type="checkbox"/> the United States <input type="checkbox"/> the States indicated in for the purpose of: states the United States of America of America only the Supplemental Box</p>		
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) <p>Name and address: (Family name followed by given name: for a legal entity full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p><u>HART</u>, Charles C. 126 Marvin Gardens Summerville, South Carolina 29483-8949 United States of America</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)</p>
State (that is, country) of nationality: US	State (that is, country) of residence: US	
<p>This person is applicant <input type="checkbox"/> all designated <input type="checkbox"/> all designated States except <input checked="" type="checkbox"/> the United States <input type="checkbox"/> the States indicated in for the purpose of: states the United States of America of America only the Supplemental Box</p>		
<input checked="" type="checkbox"/> Further Applicants and/or (further) inventors are indicated on a continuation sheet.		
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE <p>The person identified below is hereby/has been appointed to act on behalf <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative of the applicant(s) before the competent International Authorities as:</p>		
<p>Name and address: (Family name followed by given name: for a legal entity full official designation. The address must include postal code and name of country.)</p> <p><u>VU</u>, Kenneth K. 22872 Avenida Empresa Rancho Santa Margarita, California 92688 United States of America</p>		<p>Telephone No. (949) 713-8000</p> <p>Facsimile No. (949) 713-8206</p> <p>Teleprinter No.</p>
<p><input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.</p>		
<p>This person is applicant <input type="checkbox"/> all designated <input type="checkbox"/> all designated States except <input checked="" type="checkbox"/> the United States <input type="checkbox"/> the States indicated in</p>		

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes; at least one must be marked

The following designations are hereby made under Rule 4.9(a)(mark the applicable check-boxes; at least one must be marked):

Regional Patent

AP ARIPO Patents: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)

EA Eurassian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired specify on the dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input type="checkbox"/> AE United Arab Emirates	<input type="checkbox"/> GM Gambia	<input type="checkbox"/> NZ New Zealand
<input type="checkbox"/> AG Antigua and Barbuda	<input type="checkbox"/> HR Croatia	<input type="checkbox"/> OM Oman
<input type="checkbox"/> AL Albania	<input type="checkbox"/> HU Hungary	<input type="checkbox"/> PH Philippines
<input type="checkbox"/> AM Armenia	<input type="checkbox"/> ID Indonesia	<input type="checkbox"/> PL Poland
<input type="checkbox"/> AT Austria	<input type="checkbox"/> IL Israel	<input type="checkbox"/> PT Portugal
<input type="checkbox"/> AU Australia	<input type="checkbox"/> IN India	<input type="checkbox"/> RO Romania
<input type="checkbox"/> AZ Azerbaijan	<input type="checkbox"/> IS Iceland	<input type="checkbox"/> RU Russian Federation
<input type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> JP Japan	
<input type="checkbox"/> BB Barbados	<input type="checkbox"/> KE Kenya	<input type="checkbox"/> SD Sudan
<input type="checkbox"/> BG Bulgaria	<input type="checkbox"/> KG Kyrgyzstan	<input type="checkbox"/> SE Sweden
<input type="checkbox"/> BR Bulgaria	<input type="checkbox"/> KP Democratic People's Republic of Korea	<input type="checkbox"/> SG Singapore
<input type="checkbox"/> BY Belarus	<input type="checkbox"/> KR Republic of Korea	<input type="checkbox"/> SI Slovenia
<input type="checkbox"/> BZ Belize	<input type="checkbox"/> KZ Kazakhstan	<input type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> CA Canada	<input type="checkbox"/> LC Saint Lucia	<input type="checkbox"/> SL Sierra Leone
<input type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input type="checkbox"/> LK Sri Lanka	<input type="checkbox"/> TJ Tajikistan
<input type="checkbox"/> CN China	<input type="checkbox"/> LR Liberia	<input type="checkbox"/> TM Turkmenistan
<input type="checkbox"/> CO Colombia	<input type="checkbox"/> LS Lesotho	<input type="checkbox"/> TN Tunisia
<input type="checkbox"/> CR Costa Rica	<input type="checkbox"/> LT Lithuania	<input type="checkbox"/> TR Turkey
<input type="checkbox"/> CU Cuba	<input type="checkbox"/> LU Luxembourg	<input type="checkbox"/> TT Trinidad and Tobago
<input type="checkbox"/> CZ Czech Republic	<input type="checkbox"/> LV Latvia	<input type="checkbox"/> TZ United Republic of Tanzania
<input type="checkbox"/> DE Germany	<input type="checkbox"/> MA Morocco	<input type="checkbox"/> UA Ukraine
<input type="checkbox"/> DK Denmark	<input type="checkbox"/> MD Republic of Moldova	<input type="checkbox"/> UG Uganda
<input type="checkbox"/> DM Dominica		<input checked="" type="checkbox"/> US United States of America
<input type="checkbox"/> DZ Algeria		
<input type="checkbox"/> EC Ecuador	<input type="checkbox"/> MG Madagascar	
<input type="checkbox"/> EE Estonia	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input type="checkbox"/> UZ Uzbekistan
<input type="checkbox"/> ES Spain		<input type="checkbox"/> VN Viet Nam
<input type="checkbox"/> FI Finland	<input type="checkbox"/> MN Mongolia	<input type="checkbox"/> YU Yugoslavia
<input type="checkbox"/> GB United Kingdom	<input type="checkbox"/> MW Malawi	<input type="checkbox"/> ZA South Africa
<input type="checkbox"/> GD Grenada	<input type="checkbox"/> MX Mexico	<input type="checkbox"/> ZM Zambia
<input type="checkbox"/> GE Georgia	<input type="checkbox"/> MZ Mozambique	<input type="checkbox"/> ZW Zimbabwe
<input type="checkbox"/> GH Ghana	<input type="checkbox"/> NO Norway	

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

.....

.....

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit)

Box No. VI - PRIORITY CLAIM

 Further priority claims are indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application.* regional Office	international application: receiving Office
item (1) 17 December 2002 (17.12.02)	60/434,344	US		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): 1

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST: LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 4

description (excluding

sequence listing part) : 21

claims : 10

abstract : 1

drawings : 25

sequence listing part

of description : _____

Total number of sheets : 61

: This international application is accompanied by the items(s) marked below:

- fee calculation sheet
- separate signed power of attorney
- copy of general power of attorney; reference number, if any:
- statement explaining lack of signature
- priority document(s) identified in Box No. VI as item(s):
- translation of international application into (language):
- separate indications concerning deposited microorganism or other biological material
- nucleotide and/or amino acid sequence listing in computer readable form
- other (specify): Return Receipt Postcard

Figure of the drawings which 1
should accompany the abstract:

Language of filing of the English
international application

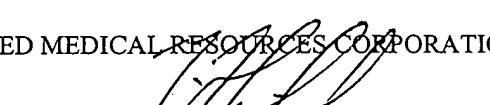
Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)

CHARLES C. HART, Inventor

APPLIED MEDICAL RESOURCES CORPORATION

By:


NABIL HILAL
Senior Vice-President

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1. Date of actual receipt of the purported international application

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority
(if two or more are competent): ISA/

6. Transmittal of search copy delayed until search fee is paid.

2. Drawings

 received not received

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Date of actual receipt of the record copy
by the International Bureau

Box No. VI PRIORITY CLAIM

 Further priority claims are indicated in the Supplemental Box.

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application.* regional Office	international application: receiving Office
item (1) 17 December 2002 (17.12.02)	60/434,344	US		
item (2)				
item (3)				

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): 1

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

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(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST: LANGUAGE OF FILING

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description (excluding

sequence listing part) : 21

claims : 10

abstract : 1

drawings : 25

sequence listing part

of description :

Total number of sheets : 61

: This international application is accompanied by the items(s) marked below:

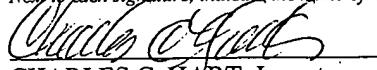
1. fee calculation sheet
2. separate signed power of attorney
3. copy of general power of attorney; reference number, if any:
4. statement explaining lack of signature
5. priority document(s) identified in Box No. VI as item(s):
6. translation of international application into (language):
7. separate indications concerning deposited microorganism or other biological material
8. nucleotide and/or amino acid sequence listing in computer readable form
9. other (specify): Return Receipt Postcard

Figure of the drawings which 1
should accompany the abstract:

Language of filing of the English
international application

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)


CHARLES C. HART, Inventor

APPLIED MEDICAL RESOURCES CORPORATION

By:

NABIL HILAL
Senior Vice-President

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1. Date of actual receipt of the purported international application	2. Drawings
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> received <input type="checkbox"/> not received
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent); ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

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Date of actual receipt of the record copy
by the International Bureau

PC

FEE CALCULATION SHEET

Annex to the Request

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Applicant's or agent's
file reference P-2395-AL

International application No.

Date stamp of the receiving Office

Applicant
APPLIED MEDICAL RESOURCES CORPORATION

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE	240	T
2. SEARCH FEE	700	S

International search to be carried out by US

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

2. INTERNATIONAL FEE

Basic Fee

The international application contains _____ sheets

first 30 sheets	476	b1
1 _____ x 9 _____	12	b2
remaining sheets		
additional amount		
Add amounts entered at b1 and b2 and enter total at b	488	B

Designation Fees

The international application contains 4 designations.

4	x	104	=	416	D
number of designation fees	amount of designation fee				
payable (maximum 11)					
add amounts entered at B and D and enter total at I	904	I			

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

1864	
TOTAL	

 The designation fees are not paid at this time

MODE OF PAYMENT

authorization to charge
deposit account (see below)

cheque

postal money order

bank draft

cash

revenue stamps

coupons

other (specify)

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US is hereby authorized to charge the total fees indicated above to my deposit account. is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account

01-2215

12 December 2003

Deposit Account No.

Date (day/month/year)

Signature